DOCUMENT RESUME

ED 413 930 IR 056 762

AUTHOR Piercy, Brenda A.
TITLE A Content Analysis and Historical Comparison of Bibliotherapy Research.
PUB DATE 1996-12-00
NOTE 37p.; Master's Research Paper, Kent State University.
PUB TYPE Dissertations/Theses (040) -- Tests/Questionnaires (160)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Authors; *Bibliotherapy; *Content Analysis; Foreign Countries; Psychotherapy; Reading Research; Researchers; Scholarly Journals; Sex Differences
IDENTIFIERS Canada; United States

ABSTRACT

Treatment characteristics and methods were analyzed for 103 empirical studies of reading therapy, or bibliotherapy, from the United States and Canada conducted over the past two decades and retrieved from the PsychInfo database. A content analysis was performed on each study, and quantified data was reported and compared within and between two time groups, 1970-1983 and 1984-1996. Data for journal title, author gender and occupational field, treatment area, focus age group, literary genre, treatment method, and outcome measure were gathered for each study. Frequencies and percentages calculated and tabulated for each analyzed category revealed strong similarities across time groups for a number of like categories. It was found that individual factors of high frequency and percentage from categories in the first time group most often had high frequencies and percentages in comparable categories of the second time group. A few major differences were noted, though mostly for factors of low percentage within a given category. Across both groups, the number of male authors (researchers) exceeded females, and the highest percentage of authors worked in the field of psychology. Most research was conducted on adult subjects, and self-help literature was the most prescribed genre for all the studies analyzed. Treatment methods were found to be categorizable by the level of therapist/researcher involvement with subjects. These categories were the same across groups. Methods were statistically compared by their outcome measures. Chi square analysis revealed no greater chance of any one treatment method producing more significant outcomes than any other treatment method, for both time groups. The coding sheet is appended. Information is presented in nine tables.(Contains 25 references.) (Author/AEF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 413 930

A CONTENT ANALYSIS AND HISTORICAL COMPARISON OF BIBLIOTHERAPY RESEARCH

A Master's Research Paper submitted to the
Kent State University School of Library Science
in partial fulfillment of the requirements
for the degree Master of Library Science

by

Brenda A. Piercy

December, 1996

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
R. Du Mont
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

IR056104

BEST COPY AVAILABLE

Abstract

Treatment characteristics and methods were analyzed for 103 emperical studies of reading therapy, or bibliotherapy, from the United States and Canada conducted over the past two decades and retrieved from the PsychInfo database. A content analysis was performed on each study, and quantified data was reported and compared within and between two time groups, 1970-1983 and 1984-1996. Data for journal title, author gender and occupational field, treatment area, focus age group, literary genre, treatment method, and outcome measure were gathered for each study. Frequencies and percentages calculated and tabulated for each analyzed category revealed strong similarities across time groups for a number of like categories. It was found that individual factors of high frequency and percentage from categories in the first time group most often had high frequencies and percentages in comparable categories of the second time group. A few major differences were noted, though mostly for factors of low percentage within a given category. Across both groups, the number of male authors (researchers) exceeded females, and the highest percentage of authors worked in the field of psychology. Most research was conducted on adult subjects, and self-help literature was the most prescribed genre for all the studies analyzed. Treatment methods were found to be categorizable by the level of therapist/researcher involvement with subjects. These categories were the same across groups. Methods were statistically compared by their outcome measures. Chi square analysis revealed no greater chance of any one treatment method producing more significant outcomes than any other treatment method, for both time groups.

Master's Research Paper by

Brenda A. Piercy

B.A., Houghton College, 1991

M.L.S., Kent State University, 1996

Approved by

Adviser_____Date_____

TABLE OF CONTENTS

LIST OF TABLES iv

I. INTRODUCTION 1
Purpose 5
Hypothesis 6
Limitations 6

II. LITERATURE REVIEW 7

III. METHODOLOGY 13

IV. ANALYSIS OF DATA 14

V. SUMMARY AND CONCLUSIONS 26

APPENDIX A 28

REFERENCE LIST 30

LIST OF TABLES

Table		Page
1.	Journals 1970-1983	14
2.	Journals 1984-1996	15
3.	Authors by Gender and Time Group	16
4.	Occupational Fields by Time Group	17
5.	1970-1983 Treatment Areas by Age Group	19
6.	1984-1996 Treatment Areas by Age Group	20
7.	Literary Genres by Time Group	21
8.	1970-1983 Treatment Methods and Outcome Measures	24
9.	1984-1996 Treatment Methods and Outcome Measures	24

CHAPTER I. INTRODUCTION

History shows the use of books as problem aids as far back as they have existed. Their therapeutic potential has been known since ancient times. The ancient Greeks and Romans were aware that the experience of art, literature, and drama could arouse emotions in persons and in turn produce healing effects. Their libraries even bore the inscription, "Healing place of the soul" (Pardeck 1993, 3).

The formalized use of books for therapeutic purposes developed in the Arab world during the Middle Ages where hospital patients and prisoners in Egypt were provided readings from the Koran. Europeans began providing reading materials as recreation for the insane by the 1700s. This practice soon spread to America where, in the early 1800s, nonreligious materials were also recommended for both the sick and mentally ill (Rubin 1978).

The "self-help" book, described as nonfiction literature designed to help individuals understand their personal or physical characteristics (Pardeck 1993), began its development at this time. Along with religious and fictional materials, it also became widely prescribed for "therapeutic reading."

Major articles on the practice and theory of bibliotherapy for the mentally ill appeared in 1846 and 1853 (Rubin 1978). Such writings brought even greater light to the idea of reading as a treatment. With major changes in library services during the latter 1800s and early 1900s, books became more readily available. Thus,

with outside circulation, reference services, and reader assistance programs in libraries, provision was made for increasing interest in and the coming growth of formalized reading therapy. The first librarian used reading treatment for mentally ill patients in a hospital in 1904 (Rubin 1978, xii).

"Therapeutic reading" was known under various terms in the United States until the present term, bibliotherapy, was coined sometime after 1910 (Rubin 1978). The first dictionary definition of the concept, however, did not appear until 1941, and a standard description still seems lacking today. In fact, given the current proliferation of literature on bibliotherapy from so many viewpoints and areas of interests, one recent definition of bibliotherapy simply explains it as "the self-examination and insights that are gained from reading, no matter what the source"(Pardeck 1993, 2). More specific definitions range from the complex to the simple, but all share the concept of reading as an aid of some kind.

During the 1930s, the prominent Drs. Karl and William Menninger became strong advocates of the practice of bibliotherapy and endorsed it as an actual treatment technique (Pardeck 1993). Their endorsement led to an increase in the use of literature as a mental health tool. Many mental hospitals began offering the treatment through hospital library programs (Pardeck 1993). The number of self-help books proliferated at the same time.

Though bibliotherapy was first and most commonly used in the field of mental health, its use today varies widely. Journal articles of the past fifty years reveal an expansive cross-spectrum of

bibliotherapeutic applications and professions involved in its implementation. Though not all of empirical research, treatments have been discussed for mental health issues ranging from depression and anxiety to sexual dysfunction and schizophrenia, as well as medical issues of illness and disability, disease and dying.

Areas of education and development have used bibliotherapy for social skills, reading ability, stereotypes, and promoting changes in attitudes toward people and situations, as well as living skills concerning behavior, coping, and adjusting to problems. Bibliotherapy has also approached the simple idea of promoting intellectual, existential, and personal enrichment.

As varied as these applications are, so too is the literature utilized. This paper will report and compare the types of literature, applications, and other factors analyzed in bibliotherapy studies of the last twenty-five years. The following chapters provide further information.

Commenting on the bibliotherapeutic method, the Menninger brothers stated that "reading prescription should be directed by the physician. The librarian is the tool who carries out the mechanics and reports the observations" (Rubin 1978, 4). Though this idea is no longer widely accepted, library science continues its involvement in bibliotherapy. Library schools have taught the method, and many librarians have studied and written about it, and still practice it.

In discussing library involvement in bibliotherapy, Monroe (1977) stated in an essay that "librarians . . . see their role more often as one of guidance in the solution of personal problems through reading"

(Monroe 1977, 257), and to the extent they know a reader, the literature, and the "bibliotherapeutic potential of materials," they can recommend such items to their patrons. Many librarians and educators have expressed similar views.

Caywood (1994), for instance, stressed that appropriate literature can provide adult role models to teach empowerment and help steer teenagers away from hopelessness and violent behavior. In another article, Caywood (1995) discussed making literature available to help teenagers "battle" peer pressure and avoid risks. She also suggested using group reading discussions. Polese (1994) discussed the use of children's literature for abuse survivors, and Steele (1994) remarked on the detrimental effects to children of the closing of a library.

How bibliotherapy brings about change in the reader has largely been explained as a three-step process (Zaccaria 1978):

1) **identification**, a largely unconscious gaining of understanding and emotional attachment to characters similar to the reader;
2) **catharsis**, the releasing of emotion that clarifies or purifies an individual (recognized by the Greeks and Romans) and opens the way to interaction with the self; and
3) **insight**, internalizing, integrating, and then externalizing the emotional experience into one's own behavioral methods.

Though most research has concerned itself with the outcome of bibliotherapy treatment, often in comparison with other treatment techniques, more analytical research has examined the practice and methodology of its implementation. Craighead, McNamara, and Horan

(1984) identified four applications in their analysis: self-administered, minimal-contact, therapist-administered, or therapist-directed. One researcher commented less specifically that bibliotherapy can range from guidance in the library or classroom to formal psychotherapy (Pardeck 1993).

A number of studies in mental health, though, have suggested that treatments applied successfully in formal therapy are not always successful when self-administered (Pardeck 1993). Many writers and researchers examined for this paper have similarly stated the necessity of "guided" bibliotherapy and the careful selection of materials by a professional.

Across the centuries, books and literature have doubled as educational teaching tools and as "instruments to build character and develop positive values"(Pardeck 1993, 3). It has long been believed that reading can be "a means of cultivating the inner life and gaining wisdom and comfort in times of distress" (Lickorish 1975, 105). In the 20th century, the use of reading for these purposes has become a practiced professional technique. With its widespread popularity and the enormity of the self-help genre, "reading therapy" has the potential to influence millions of people. Given its indecisive diversity and lack of a solid empirical foundation in methodology, however, the scientific study of bibliotherapy must go further.

Purpose

A number of analyses have been conducted on the literature of bibliotherapy in an effort to reveal the efficacy and success of the

BEST COPY AVAILABLE

practice across its many methods and applications. Such analyses have attempted to discover trends and correlations between treatment factors and to make recommendations for improvement and scientific rigor. The purpose of this paper is to analyze a number of bibliotherapy studies for an historical comparison. Changes in the study of bibliotherapy across two time periods and the various factors used in its implementation are noted.

Hypothesis

The final concern of this study centers on the overall outcome of bibliotherapeutic interventions. This involves the statstical comparison of significant treatment outcomes with those of nonsignificance. In this analysis, the null hypothesis was utilized as the following: Analysis of the data will reveal no significant difference ($p<.05$) between significant and nonsignificant bibliotherapeutic treatment method outcomes within or between each of the two time groups (Group 1 = 1970-1983; Group 2 = 1984-1996).

Limitations

Because this study incorporates research from the PsychInfo database only, findings may not represent all research. Though PsychInfo is a large repository of bibliotherapy studies, the use of other databases might strengthen this representation. (A search of Library Literature, which was to be included in this study, failed to produce any appropriate research.) Pertinent studies may also exist for search terms other than "bibliotherapy," as used in this study.

CHAPTER II. LITERATURE REVIEW

In a comprehensive study, Sclabassi (1973) attempted to clarify the concepts and use of bibliotherapy from the vast amount of literature on the subject. She discussed the various contexts, definitions, and types of literature used for bibliotherapy in various settings.

Sclabassi noted that the concept of bibliotherapy was often defined in terms of its objectives, from being an "alleviative or curative measure" or as "a technique for the development of wholesome principles of conduct and the prevention of delinquency . . ." (Sclabassi 1973, 71). Further, these objectives appeared to be concerned with four different points of intervention: intellectual, social, emotional, and behavioral. To meet these objectives, two basic types of literature were used: 1)didactic--any instructional or educational materials used "to facilitate a change . . . through a more cognitive understanding of self" (Sclabassi 1973, 72), and 2)imaginative--referring to the "dramatic presentation of human behavior, to fiction, poetry, plays, and biographies" (Sclabassi, 1973, 72).

Sclabassi stated further that the use of bibliotherapy could be separated into the general medical, psychiatric, educational, and correctional fields. She found that even within each of these, bibliotherapy was utilized in differing ways. In education, bibliotherapy brought new objectives for reading, such as alternative

teaching and tutoring methods as a means for changing racial attitudes, and as a technique applied to the difficulties of the handicapped, maladjusted, and stutterers. In medicine and psychiatry, bibliotherapy was used for various illnesses and syndromes and "in conjunction with other treatment techniques" (Sclabassi 1973, 74). Sclabassi also found that recreational reading was used more in the medical area than in any other.

For its most recent application in the correctional field, Sclabassi found that bibliotherapy was used effectively as a means of releasing hostile feelings and in dealing with specific problems such as drug addiction. She reported researchers' claims that the technique lowered recidivism for those involved. Results also showed that professionals believed differently about the process of selecting literature, from feeling that book choice was crucial and using the wrong one could be dangerous, to only seeing the need for common sense in material selection.

Schrank (1980) conducted an extensive literature review in an attempt to identify and collect all reported studies testing the effectiveness of bibliotherapy. He sought to provide an overall measure of its effectiveness using meta-analysis. He found that the effectiveness of bibliotherapy had been studied in marriage, couple, and family counseling clinics, psychiatric settings, correctional institutions, and at all educational levels.

Schrank's review supported the belief that people are influenced by what they read, and bibliotherapy was noted as an effective means in structuring this influence. Schrank found bibliotherapy to be

effective across all age levels, but more so with certain developmental, learning, and problem needs than other areas. He also noted that discussion could "augment" guided reading, and that gender was not a factor in its effectiveness.

In another review, Schrank and Engels (1981) found bibliotherapy to be an overall effective tool for developing assertiveness, attitude change, helper effectiveness, self-development, and therapeutic gain. Its effectiveness for academic achievement, marital or couple accord, and enhancement of self-concept was not exhibited. Schrank and Engel also pointed out that "little has been substantiated about how, why, or when [bibliotherapy] works," (Schrank and Engels 1981, 146) and that further study is needed.

Other analytic research has examined the quality of self-help literature. After examining 75 self-help books published in a 5-year period, Glasgow and Rosen (1978) stated an "alarming" concern that very few of the books had been tested for clinical effectiveness. In a second study, Glasgow and Rosen (1979) identified 150 self-help manuals in print and found that fewer than half had been evaluated in any way. Rosen (1981) concluded that the quality of self-help material was declining. Amid authors' exaggerated claims of usefulness, Rosen suggested the possible danger presented by such books keeping people away from needed clinical treatment.

Lenkowsky (1987) examined research studies on the basis of their bibliotherapeutic intent, either a self-actualization/problem-solving, social or psychotherapeutic, or educational/didactic approach. He found mixed results as to the success of any approach. Lenkowsky

remarked to special educators that "any claims of therapeutic assistance" from bibliotherapy in the classroom need to be considered carefully. Like previous researchers, he stated that "while many believe in bibliotherapy and are using it, sufficient substantiated evidence of how it works, why it works, or if it works, is not yet available" (Lenkowsky 1987, 128).

The prescription practices of professionals in their use of bibliotherapy has been examined as well. Pardeck and Pardeck (1987), for instance, found that social workers used bibliotherapy less often than counselors. This was paralled by the finding that school counselors were widely acquainted with bibliotherapy, but that social workers had little access to pertinent information.

Starker (1988a) compared a sample of psychologists in the San Diego and Boston/Cambridge areas and found that 60.3% of respondents prescribed self-help books to their patients and considered them helpful. Parenting, personal growth, and relationships were areas in which such books were most often recommended. For more psychological topics, books were most often prescribed for assertiveness, sexuality, and stress. Final statistical analysis revealed a significant difference in theoretical orientation as related to psychologists' geographical location, and a tendency for the more populous eclectic-oriented psychologists in the San Diego area to prescribe self-help books at a higher rate than the heavily dynamic/analytic psychologists in the Boston/Cambridge area.

Starker (1988b) also conducted a survey of 400 randomly selected psychologists nationwide and found the reported prescription of self-

help books to be even higher (96%) than in his previous study. Starker also found that more than 60% of those prescribing had read several popular self-help titles themselves. Results of these studies added to other findings suggesting the prominence of self-help books in psychotherapy, despite the reality that such materials "by and large, are repositories of unproven, sometimes unprovable, advice on matters of considerable importance and complexity" (Starker 1988b, 453).

In an analysis of the practice of bibliotherapy in nursing, Cohen (1994) hoped to reveal the "phenomenon" underlying bibliotherapy. She found that most reading material was self-selected by participants and included a variety of literary types. She described participants' experience of therapeutic reading as marked by a "recognition of self, evolving into ways of feeling and ways of knowing" (Cohen 1994, 41). Participants reported that bibliotherapy provided them an individual experience, an alternate form of therapy, and an escape from their difficult life situations. Noting that clients were already reading on their own, Cohen concluded that nurses, by understanding how bibliotherapy benefited their clients, could further help them "by referring them to appropriate literary resources" (Cohen 1994, 43).

Riordan and Wilson (1989) reviewed bibliotherapy research in mental health and reported mixed results as to its benefit in that field. They claimed that most of the studies were faulty and stated that even with greater interest in bibliotherapy, the "wide variety of [research] designs employed . . . without any explicit theoretical rationale, or in combination with other treatments" made for more

difficulty in making "definitive statements about its effectiveness" (Riordan and Wilson 1989, 507). The authors did note, however, that research with "behaviorally based" readings was meeting some minimal empirical validation.

Pardeck (1993) examined research utilizing specific types of literature in therapy. He concluded that behaviorally based readings appear to be effective and can be used with confidence. He also reported that works of fiction may be effective for sexual dysfunction, marital counseling, emotional well-being, increasing assertiveness, and in changing attitudes and behavior.

Pardeck (1990) claimed that bibliotherapy with children was a "useful resource" in clinical practice, and that "children unable to verbalize their thoughts and feelings may find them expressed in books" (Pardeck 1990, 1043). Pardeck called for the careful matching of a book to a child's problem and following specific guidelines. He stated that research had proven the value of illustrations and active participation on the part of the child in facilitating the bibliotherapeutic process. He also called for techniques of reading aloud, observing responses, and incorporating follow-up activities.

Riordan (1991) refuted Pardeck's claims, remarking on research findings of mixed results as to the efficacy of bibliotherapeutic treatments. Riordan cautioned that despite its heavy use and support, bibliotherapy still needed study as to "what, when, and how it should be used as part of a treatment plan," and that "the sharing of resources, of who is using what and why, and under what conditions, can add precision to the use of bibliotherapy" (Riordan 1991, 306).

Chapter III. Methodology

Empirical research studies on bibliotherapy were retrieved from a contents search of the PsychInfo database. Only the single term "bibliotherapy" was used for searching, and the retrieved results were narrowed to English language studies of the United States and Canada. The studies were divided in accordance with the two portions of the database, 1970-1983 and 1984-present, for a time-group analysis and comparison.

Studies retrieved from the database search were obtained in full-text, with the exception of dissertations, for the purpose of performing a content analysis on each. The coding sheet in Appendix A was used for data collection. The gathered information was then reorganized and tallied, allowing frequencies and percentages for each category to be presented and compared across the two time groups.

A final historical comparison consisted of the statistical analysis of significant bibliotherapeutic outcomes as the result of treatment method used. Both within and between group comparisons were of desired interest. The null hypothesis was utilized for this analysis.

CHAPTER IV. ANALYSIS OF RESULTS

A total of 106 empirical research studies on bibliotherapy were found and retrieved from the PsychInfo database for analysis. Analysis showed that 11 journals published studies in the period 1970-1983, and 14 journals did the same for the period 1984-1996. Tables 1 and 2 list these journals and give the number of studies they carried, in descending order, with their individual percentage of all published studies for that time period. The 4 titles appearring in both time groups are marked by an *. Interestingly, these comprise the top 3 and top 4 in their respective time groups.

Table 1. Journals 1970-1983

Title	Published Studies	% of Total
Dissertation Abstracts* International	47	75.0%
Jn. of Consulting & Clinical* Psychology	5	8.0%
Behavior Therapy*	3	5.0%
Addictive Behaviors	1	1.5%
Behavior Therapist	1	1.5%
Cognitive Therapy & Research	1	1.5%
Cornell Jn. of Social Relations	1	1.5%
Jn. of Clinical Psychology	1	1.5%
Jn. of Counseling Psychology*	1	1.5%
Jn. of Experimental Education	1	1.5%
Reading Psychology	1	1.5%
Total	63	100%

BEST COPY AVAILABLE

Table 2. Journals 1984-1996

Title	Published Studies	% of Total
Dissertation Abstracts* International	21	49.0%
Jn. of Consulting & Clinical* psychology	5	11.5%
Jn. of Counseling Psychology*	3	7.0%
Behavior Therapy*	2	4.7%
Psychology in the Schools	2	4.7%
Sexual & Marital Therapy	2	4.7%
American Jn. of Family Therapy	1	2.3%
Elementary School Guidance & Counseling	1	2.3%
Gerontologist	1	2.3%
Jn. of Sex & Marital Therapy	1	2.3%
Professional Psychology	1	2.3%
Psychological Reports	1	2.3%
School Counselor	1	2.3%
Southern Psychologist	1	2.3%
Total	43	100%

It was also interesting to note that a majority of studies for both groups were conducted as research dissertations and were reported in Dissertation Abstracts International, but at a much lower percentage rate for the second time period. (Though dissertations could not be obtained in full, the information vital to the present study was available in the provided abstracts.)

In the first time group (G1), 3 DAI studies were also covered by other journals, and 1 DAI study from the second group (G2) was published likewise. Except for supplementing authors named in journal

BEST COPY AVAILABLE

reports, these 4 studies were considered as duplicates in the tallying of additional data. Thus, total unique studies for G1(1970-1983)= 60 and for G2(1984-1996)= 42, making the overall total of analyzed studies N=102.

Table 3 below reports the overall number of persons, by gender, given credit as authors in the collective studies (G1=60, G2=42) of each time period. The only exclusions made were those authors repeated in duplicate studies. The same authors participating in two or more varying studies were accounted for.

Table 3. Authors by Gender and Time Group

Gender	1970-1983 # of Authors	%	1984-1996 # of Authors	%
Male	51	60.0 %	52	60.5 %
Female	34	40.0 %	34	39.5 %
Total	85	100 %	86	100 %

Except for the ratio of authors to studies (G1=85:60, G2=86:42), overall author-gender rates differed little between the two groups. Using the collected data so far, the percentages of men and women writing dissertations was also compared because of the prominance of reported bibliotherapy research in DAI. Of the 47 singly-authored studies reported for DAI in G1, 28(60%) were male and 19(40%) female. For the 21 reported studies of G2, 11(52%) were male and 10(48%) female. G1 DAI percentages mimic overall percentages for that group, while G2 percentages differ noticably from overall gender rates.

Table 4 below provides a tally of the occupational fields of authors involved in the reported research. Totals for each field add

BEST COPY AVAILABLE

up to the total number of studies for each group by reporting the degreed field of the first or major author described in a footnote or endnote. (Note: These are not treatment areas studied.) Though it was of interest to note this information, it is not considered statistically reliable because not all authors were individually accounted for.

Table 4. Occupational Fields by Time Group

Field	1970-1983 # of Studies	%	1984-1996 # of Studies	%
Psychology	35	58.3 %	31	74.0 %
Education	22	36.6 %	11	26.0 %
Library Science	1	1.7 %	---	---
Psychiatry	1	1.7 %	---	---
Sociology	1	1.7 %	---	---
Total	60	100 %	42	100 %

In the area of research subjects, data was collected for gender, race, age, and focus characteristic. It was found for both groups that the majority of studies (G1=78%, G2=86%) were not gender specific. In G1(N=60), 4(7%) male-only studies were specified in the areas of assertion, dysfunctional attitudes, hostile behavior, and self-reliance/locus of control, whereas 9(15%) female-only studies were specified for weight loss, parenting, assertion, sexual dysfunction, achievement motivation, self-concept, and self-reliance/actualization. G2(N=42) contained 1(2%) male-specific study for problem drinking and 5(12%) female-only studies in self-acceptance, depression, and sexual dysfunction.

BEST COPY AVAILABLE

Few studies provided information on race, G1=5 and G2=3. Two studies in Group 1 focused on African-Americans, and 1 study in Group 2 focused on Mexican-American children. The remaining studies reported racial percentages, and these often dealt with male prisonor samples. One study of only 6 subjects in Group 2 stated that all subjects were white.

All subjects were categorized into 3 age groups: Children(<13), Adolescents(13-17), and Adults(>17). With the exception of one study addressing an issue of parenting, but also including the participation of the targeted children, all studies (N=102) focused on only one age group.

Tables 5 and 6 on the following pages, showing treatment areas addressed, also detail which age groups were targeted for each type of treatment. Bottom totals provide the number of studies carried out with each age group, while side totals account for studies performed in the general treatment areas. In each table, the bottom joint total equals the number of studies in each time period.

It was also possible to partially subdivide some age groups for narrower targeted characteristics. In G1, 1 child and adolescent study each focused on children of divorce, separation, or other parental loss. Two other adolescent studies each focused on the achievement motivation of female delinquents, and the self-reliance and actualization of junior high remedial readers.

For adult studies, 1 focused on the life satisfaction of elderly subjects, 3 on the attitudes, self-concepts, and locus of control issues of male prison inmates, 2 on the behavior and adjustment of

mental health clients, 2 on the relationships and sex problems of married couples, and 1 on the widowed. Twelve studies used college students as subjects, though not all focused on the unique concerns of this population. Four studies addressed parenting, and only 1 study included library personnel.

In G2 (Table 6), 1 study each focused on the childhood fears and sharing behavior of preschoolers, while 1 treated children of divorce, separation, or other source of parental loss. One adolescent study

Table 5. 1970-1983 Treatment Areas by Age Group

Study Area	Child Studies #	Child Studies %	Teen Studies #	Teen Studies %	Adult Studies #	Adult Studies %	Area Total #	Area Total %
Anxiety	4	57.1 %			3	42.9 %	7	11.6 %
Attitudes	4	57.1 %	2	28.6 %	1	14.3 %	7	11.6 %
Habits					6	100.0 %	6	10.0 %
Self-Concept	4	66.7 %			2	33.3 %	6	10.0 %
Self-Reliance	2	40.0 %	2	40.0 %	1	20.0 %	5	8.3 %
Weight Loss					5	100.0 %	5	8.3 %
Loss	1	25.0 %	1	25.0 %	2	50.0 %	4	6.7 %
Parenting					4	100.0 %	4	6.7 %
Relationships					4	100.0 %	4	6.7 %
Assertion					3	100.0 %	3	5.0 %
Behavior					3	100.0 %	3	5.0 %
Happiness					3	100.0 %	3	5.0 %
Adjustment					1	100.0 %	1	1.7 %
Health/Stress					1	100.0 %	1	1.7 %
Sexual					1	100.0 %	1	1.7 %
Age Total	15	25.0 %	5	8.3 %	40	66.7 %	60	100 %

BEST COPY AVAILABLE

addressed the problem-solving skills of female delinquents, and another treated the self-concepts of a learning disabled and/or emotionally handicapped sample. For adult studies, 3 addressed geriatric depression, while another 5 focused on relationships and sexual issues of married couples. Four treated various concerns of college students, and 1 each addressed self-actualization and panic disorder in established mental health clients. One study attempted to improve the health of subjects infected with genital herpes, and another even examined performance anxiety in a sample of golfers.

Table 6. 1984-1996 Treatment Areas by Age Group

Study Area	Child Studies #	%	Teen Studies #	%	Adult Studies #	%	Area Total #	%
Depression					6	100.0 %	6	14.0 %
Anxiety	3	60.0 %			2	40.0 %	5	12.0 %
Self-Concept	2	40.0 %	2	40.0 %	1	20.0 %	5	12.0 %
Weight Loss					5	100.0 %	5	12.0 %
Actualization	1	33.3 %			2	66.7 %	3	7.0 %
Panic					3	100.0 %	3	7.0 %
Relationships					3	100.0 %	3	7.0 %
Sexual					3	100.0 %	3	7.0 %
Behavior	1	50.0 %	1	50.0 %			2	5.0 %
Loss	1	50.0 %			1	50.0 %	2	5.0 %
Development	1	100.0 %					1	2.4 %
Habits					1	100.0 %	1	2.4 %
Parenting					1	100.0 %	1	2.4 %
Skills			1	100.0 %			1	2.4 %
Disease					1	100.0 %	1	2.4 %
Age Total	9	21.4 %	4	9.5 %	29	69.1 %	42	100 %

BEST COPY AVAILABLE

Data collected on the literary genres used as the basis for bibliotherapy revealed great similarity in genre types implemented over the two time periods. Table 7 compares these genres and their percentage of use in each group. Note that time group percentage totals exceed 100% because more than one study utilized more than one genre type. Totals are not given for this reason.

Table 7. Literary Genres by Time Group

Genre	1970-1983 # of Studies Using	%	1984-1996 #of Studies Using	%
Self-Help	37	62.0 %	28	67.0 %
Children's	15	25.0 %	9	21.0 %
Young Adult	5	8.3 %	4	9.5 %
Nonfiction	5	8.3 %	1	2.4 %
Fiction	2	3.3 %	—	—
Poetry	—	—	1	2.4%
Educational Text	1	1.7 %	—	—
Undetermined	1	1.7 %	—	—

It must also be mentioned that, though the numbers for children's and young adult literature account for the number of studies in those respective age groups, it cannot be assumed that all such literature is homogenous. In fact, many of the studies in these areas differentiated between "related" and "unrelated" literature concerning treatment areas. Related literature was often designated as "bibliotherapuetic," while nonrelated materials were designated "recreational" or fictional, including fairy tales and "adolescent novels." Though all other genres listed in Table 7 can be attributed

BEST COPY AVAILABLE

to adult studies, it cannot be assumed they are at "adult level."

Comparison of the two groups reveals a similar percentage of use of self-help materials. These materials were most often reported as being "self-help manuals," items comprised of educational, instructional, and encouraging readings specific to treatment and change. "Self-help books" were used quite commonly as well.

Percentages for children's and young adult literature varied only slightly between time periods, with the first slightly lower and the second marginally higher. This revealed a basically sustained percentage level of study for those two age groups from one period to the next.

Greater percentage differences were seen for other genre types. The area of nonfiction literature showed a marked decrease in percentage of use from G1 to G2. Analysis of G2 studies showed no use of fiction or educational text as in G1, but 1 study did include poetry. One study in G1 was lacking genre information, though treatment method and outcome were given.

Tables 8 and 9 detail outcome measures for treatment methods in G1 and G2 respectively. Through careful analysis of the collective studies, it was possible to type treatment methods, across time periods, into six basic categories. Five of these are distinguishable from every other by their degree of researcher or therapist involvement with treatment subjects. With the exclusion of "Oral Readings" and "Not Specified" categories, these methods <u>increase</u> in level of therapist contact and/or intervention strategy as listed in descending order in the tables below.

"Self-Monitored" was assigned to those methods that initially provided literature to subjects but then offered no further assistance before post-test measures were taken. "Monitored" methods were those that required some sort of written or documented correspondence between subjects and researchers, such as progress charts, most often through mailings, but that gave no form of personal contact or discussion.

"Minimal Contact" methods allowed for group or individual meetings or telephone calls, but such contact was brief and kept succinct to matters and/or problems of participation in the study at hand. "Individual Therapy" treatments were those involving the commonly known and standard form of counseling. These could take place in person or over the phone, as long as they allowed discussion and aid for subject feelings and difficulties. "Group" treatment consisted of any method of joint meeting and interaction of subjects.

"Oral" methods most often involved children, especially those not able to read, and described studies in which a researcher or therapist "read aloud" to subjects. Though primarily done with a group or class, other treatment factors variously involved prohibited assigning any measure of "degree of contact" for this category.

Tables 8 and 9 below sum the total of each treatment method's use by the number of its tested outcomes. This was plausible because every treatment implemented and tested in these studies always had a corresponding outcome measure. Along with collective outcome totals, statistically significant and nonsignificant outcomes were tabulated individually for each method.

Table 8. 1970-1983 Treatment Methods and Outcome Measures

Method	Significant		Nonsignificant		Total		Ratio
	#	%	#	%	#	%	
Self-Monitored	13	37.1 %	22	62.9 %	35	34.0 %	0.591
Monitored	3	75.0 %	1	25.0 %	4	3.9 %	3.0
Minimal Contact	8	61.5 %	5	38.5 %	13	12.6 %	1.6
Individual Therapy	6	54.5 %	5	45.5 %	11	10.7 %	1.2
Group Format	14	45.2 %	17	54.8 %	31	30.1 %	0.824
Oral Readings	1	11.1 %	8	88.9 %	9	8.7 %	0.125
Total	45	43.7 %	58	56.3 %	103	100 %	0.776

Calculated ratios of significant outcomes divided by nonsignificant outcomes for each category and time group as a whole established comparible measures of degree to the succes of each method in producing significant outcomes. This was done in order to simplify the data presented in each table and for comparisons within and between groups. It does not represent any degree of statistical difference.

Table 9. 1984-1996 Treatment Methods and Outcome Measures

Method	Significant		Nonsignificant		Total		Ratio
	#	%	#	%	#	%	
Self-Monitored	10	62.5 %	6	37.5 %	16	26.2 %	1.66
Monitored	5	83.3 %	1	16.7 %	6	9.8 %	5.00
Minimal Contact	10	71.4 %	4	28.6 %	14	23.0 %	2.50
Individual Therapy	3	42.9 %	4	57.1 %	7	11.5 %	0.75
Group Format	6	46.2 %	7	53.8 %	13	21.3 %	0.857
Oral Readings	3	60.0 %	2	40.0 %	5	8.2 %	1.5
Total	37	60.7 %	24	39.3 %	61	100.0 %	1.542

Overall percentages revealed to what extent each treatment method was used across all studies of a group. In G1, self-monitored methods were most implemented, at 34% of the time. Group methods followed closely at 30.1%. Other methods fell well below these percentages. Self-monitored methods were also most used in G2, though at 26.2%. Minimal contact narrowly replaced group methods for second highest percentage in G2, being used 23% of the time.

Percentage use of oral methods (G1=8.7%, G2=8.2%) were closely similar between groups, but in G2 this method dropped from the rank of 5th to 6th. Use of monitored (G1=3.9%, G2=9.8%) and minimal (G1=12.6%, G2=23.0%) methods showed greater change from group to group. Individual therapy methods (G1=10.7%, G2=11.5%) remained closely similar between groups.

Ratio comparisons of outcomes for like methods across the time groups showed strong similarities for some categories and obvious deviation for others. (A ratio of 1 indicates an equal number of significant to nonsignificant outcomes. Ratios >1 indicate increasing degrees of number of significant outcomes over nonsignificant outcomes. Ratios <1 indicate the opposite.) These findings followed those of other comparisons made in this study. Overall outcome totals revealed that G1 had fewer significant per nonsignificant outcomes (ratio =0.776), while G2 had more (ratio =1.542).

Chi Squares for each group (G1 χ =8.31, $p<.05$, df=5, n=103; G2 χ =4.09, $p<.05$, df=5, n=61) showed no greater chance of any one method producing more significant outcomes than any other. This supported the null hypothesis.

CHAPTER IV. SUMMARY AND CONCLUSIONS

Empirical research has been conducted on the effectiveness of bibliotherapy for much of the present century. Analytical investigations have examined treatment approaches and methodological processes used in such studies and have compared outcomes for reported areas of treatment. The present investigation analyzed and compared similar data for two time-samples of bibliotherapy studies conducted over the past fifteen years.

Results of the completed analysis showed only slight changes in approach and methodology between the two time groups. Chi square analysis of the interaction between treatment method and outcome revealed these to be unreliable factors for both groups in producing significant therapeutic change.

By an historical comparison, it was hoped to see, in the later time group, a trend toward the consolidation of bibliotherapuetic techniques that produced positive outcomes in any one treatment area. Evidence for this was not found in the present research. Though it was of interest to compare outcomes by other reported factors and their interactions (eg. area x outcome, genre x method x outcome, or area x genre x method x outcome, etc.), such analyses were beyond the scope of this research. Analysis of outcome by treatment method was considered appropriate because the studies reported tested outcome measures as the result of those implemented methods.

Though literary genre often seemed equally important in

influencing outcome, the use of any genre was confounded by variations in the specific book or material used, and the same material used in different ways or methods. Greater differences also existed between genre and age group than between treatment method and age group.

The possibility of interactive effects on treatment methods was not overlooked. The finding that no one method was superior over another in producing significant outcomes nullified any concern for such effects, however. Of greater importance was that data from the two time groups differed insubstantially among their categories. It appeared, from this analysis, that more recent bibliotherapy research has gained little from the past in way of understanding and effectiveness of treatment for simialar conditions or problems.

APPENDIX A

Coding Sheet

Journal Title / Date of Publication

Author(s) of Study

Name(s) and Correspondence Address

Gender

___male ___female

Occupational Field

___psychology ___medical ___education
___library science ___pastoral ___other

Treatment Area Addressed

___abuse
___mental/emotional
___violence/crime
___divorce
___health/stress
___habitual behaviors
___physical impairment
___moving/relocation
___relationships
___adoption
___AIDS
___stereotypes/racial issues
___child rearing
___growth and development
___chronic/terminal illness
___diet/weight-loss
___coping/response prevention
___personal enrichment
___death of significant other
___sexuality/gender issues
___alienation
___single parent home

Subjects

Gender

___male ___female ___mixed sample

Age Group

___children ___adolescent ___adult

Characteristics

___students
___criminal/delinquent
___handicapped
___at-risk children
___parents
___mental health clients
___medical patients
___other

Race

___White/Caucasian
___Hispanic
___Asian/Oriental
___Jewish
___Black/African
___Native American/Eskimo
___Arab/Middle Eastern
___No Information Provided

BEST COPY AVAILABLE

Methodology

Bibliotherapy Treatment

___no contact
___counseling/therapy
___oral readings
___other
___telephone consultation
___group discussion
___written response

Literary Genre Used

___children's
___young adult
___poetry
___plays
___fiction
___nonfiction
___biography
___other
___religious
___sacred
___self-help

Outcome of Treatment(s)

Conclusions(trends/recommendations)

BEST COPY AVAILABLE

REFERENCE LIST

Caywood, Carolyn. 1994. Risk reduction. School Library Journal 40 (October): 54.

_____. 1995. Risky business. School Library Journal 41 (May): 44.

Cohen, Laura J. 1994. Bibliotherapy: A valid treatment modality: Research based practice. Journal of Psychosocial Nursing and Mental Health Services 32: 40-44.

Craighead, L., K. McNamara, and J. Horan. 1984. Perspectives on self-help and bibliotherapy: You are what you read. In Handbook of counseling psychology, ed. S. Brown and R. Lent, 878-929. New York: John Wiley and Sons.

Glasgow, R. E., and G. M. Rosen. 1978. Behavioral bibliotherapy: A review of self-help behavior therapy manuals. Psychological Bulletin 85: 1-23.

_____.1979.Self-help behavior therapy manuals: Recent developments and clinical usage. Clinical Behavior Therapy Review 1: 1-20.

Lenkowsky, Ronald S. 1987. Bibliotherapy: A review and analysis of the literature. The Journal of Special Education 21: 123-29.

Lickorish, John R. 1975. The therapeutic use of literature. Psychotherapy 12 (Spring): 105-9.

Monroe, Margaret E. 1978. A bibliotherapeutic model for library service. In Bibliotherapy sourcebook, ed. Rhea J. Rubin, 257-266. Phoenix: Oryx Press.

Ouzts, Dan T. 1991. The emergence of bibliotherapy as a discipline. Reading Horizons 31: 199-206.

Pardeck, John T. 1990. Using bibliotherapy in clinical practice with children. Psychological Reports 67: 1043-49.

_____. 1993. Using bibliotherapy in clinical practice: A guide to self-help books. Contributions in Psychology Series. Westport, CN: Greenwood Press.

Polese, Carolyn. 1994. Resilient readers: Children's literature in the lives of abuse survivors. School Library Journal 40 (March): 156-57.

Riordan, Richard J. 1991. Bibliotherapy revisited. Psychological Reports 68: 306.

BEST COPY AVAILABLE

Riordan, Richard J., and Linda S. Wilson. 1989. Bibliotherapy: Does it work?" Journal of Counseling and Development 67 (May): 504-8.

Rosen, G. M. 1981. Guidelines for the review of do-it-yourself books. Contemporary Psychology 26: 189-91.

Rubin, Rhea J., ed. 1978. Bibliotherapy Sourcebook. Phoenix: Oryx Press.

Schrank, Frederick A., and Dennis W. Engels. 1981. Bibliotherapy as a counseling adjunct: Research findings. Personnel and Guidance Journal 60 (November): 143-47.

Sclabassi, Sharon H. 1973. Literature as a therapeutic tool: A review of the literature on bibliotherapy. American Journal of Psychotherapy 27: 70-77.

Starker, Steven. 1988a. Do-it-yourself therapy: The prescription of self-help books by psychologists. Psychotherapy 25 (Spring): 142-46.

_____.1988b. Psychologists and self-help books: Attitudes and prescriptive practices of clinicians. American Journal of Psychotherapy XLII (July): 448-55.

Steele, Anitra T. 1994. Raising the issue: library services for children. Wilson Library Bulletin 68 (June): 65-66.

Stephens, Jacquelyn W. 1981. A practical guide in the use and implementation of bibliotherapy. Great Neck, NY: Todd & Honeywell.

Warner, Ronald E. 1991. Bibliotherapy: A comparison of the prescription practices of canadian and american psychologists. Canadian Psychology / Psychologie canadienne 32: 529-30.

Zaccaria, Joseph S., Harold A. Moses, and Jeff S. Hollowell. 1978. Bibliotherapy in rehabilitation, educational, and mental health settings: Theory, research, and practice. Champaign, IL: Stipes Publishing.